

# CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	road down town	bell County
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## MARYLAND

Date of death	1905	Month	Oct	Day	20	Day	Friday	Age	77	Months	1	Days	1
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Sex	<sup>14</sup> <i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Principio Mills</i>
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Occupation	Where Residing if not at place of death
<i>D</i>	<i>Henry Luther</i>

Married, Single or Widowed Widowed Name of Wife or Husband Frank Cathier

Father's Name	David Jenness	Father's Birthplace	Bevil Sea
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Mother's Maiden Name	<i>Barred J. Janness</i>	Mother's Birthplace	<i>Baltimore</i>
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Name of person giving information	Henry Cather	How related to deceased	H. Cather
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### CAUSES OF DEATH

Primary	UGC	(154)	How long	about 5 months
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Immediate *Heart failure*

Are the name, age, sex, color, date  
and place correctly given above? *Yes.*

Signature of Physician *L. J. Brown M.D.*

Address Port Deposit, Md.

## Accident or Suicide?

PHYSICIAN  
COR CORONER

Funeral to Day at  
West-nottingham Triquetra  
Cemetery J K Burkind

Oct 23  
1915



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cecil</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND								
Date of death	1905	Month	10	Day	16	Age	65	Years	Months	2	Days	3
Sex	Male		Color or Race	White		Birth-place	Delaware					
Occupation						Where Residing if not at place of death						
Married, Single or Widowed	Married		Name of Wife or Husband	Amanda H. Cavender								
Father's Name	John Cavender					Father's Birthplace	Delaware					
Mother's Maiden Name	Emeline Dolter					Mother's Birthplace						
Name of person giving information	Amanda Cavender					How related to deceased	Wife					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Valvular Disease of Heart</i>		How long	10 years	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	<i>E. M. Crawford</i>	
			Address	<i>Cecilton Md</i>	
Accident or Suicide?					



Name in Full

Certificate of Death

Mrs. Miriam Elizabeth Durgin

Town County  
Died at Liberty Grove Cecil MARYLAND

Date 189/1905 Oct 8<sup>th</sup> 1905 Age 29.4 months 13-14<sup>th</sup> Maryland. House wife  
Male White Married Widowed Divorced  
Female Colored Single Widower Number of children living 3

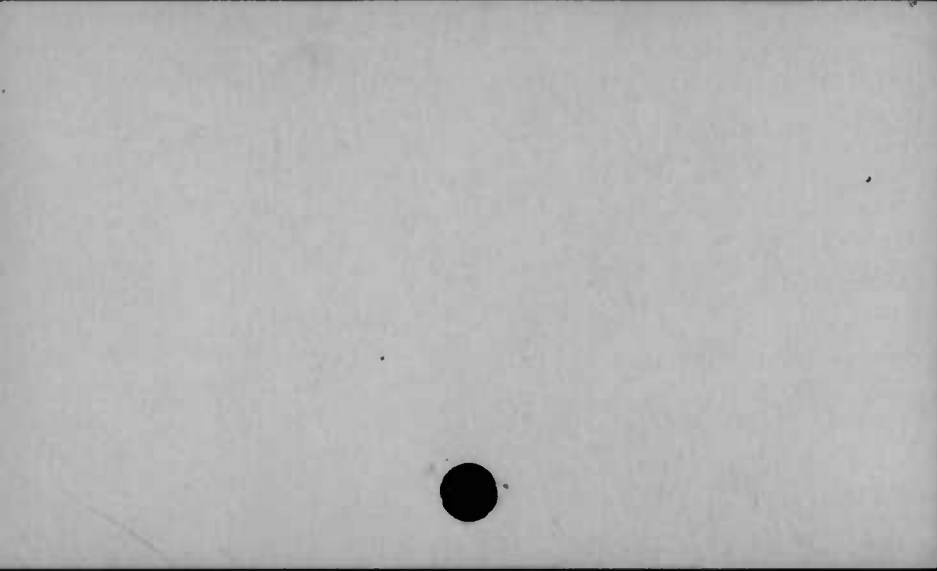
Husband of Edwin Forrest Durgin  
Wife of Edwin Forrest Durgin  
Father's Name Henry C. Barrett Mother's Name Sarah R. Barrett

Cause of Death { Primary Scrofula & skin Catarrhal 14. months.  
Immediate (30) Accident, Suicide, Homicide

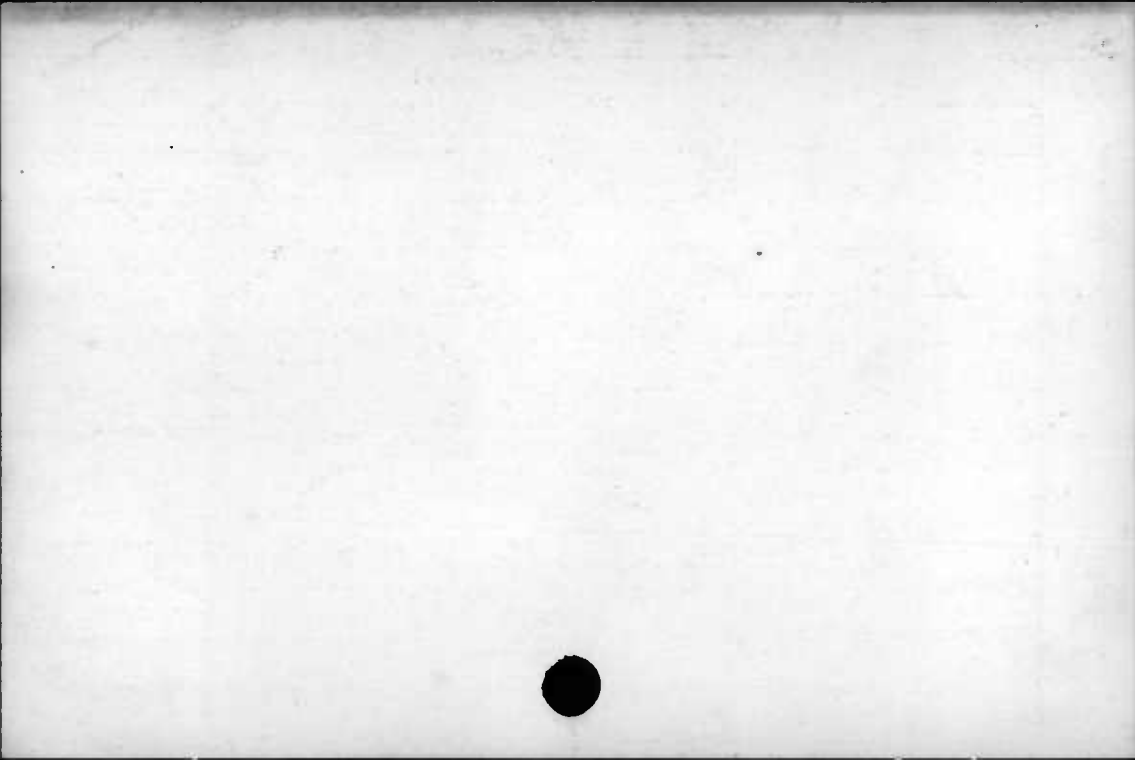
Reported by W. B. R. Jordan, M.D.  
Address Liberty Grove Cecil Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968









Name  
in  
Full

## CERTIFICATE OF DEATH

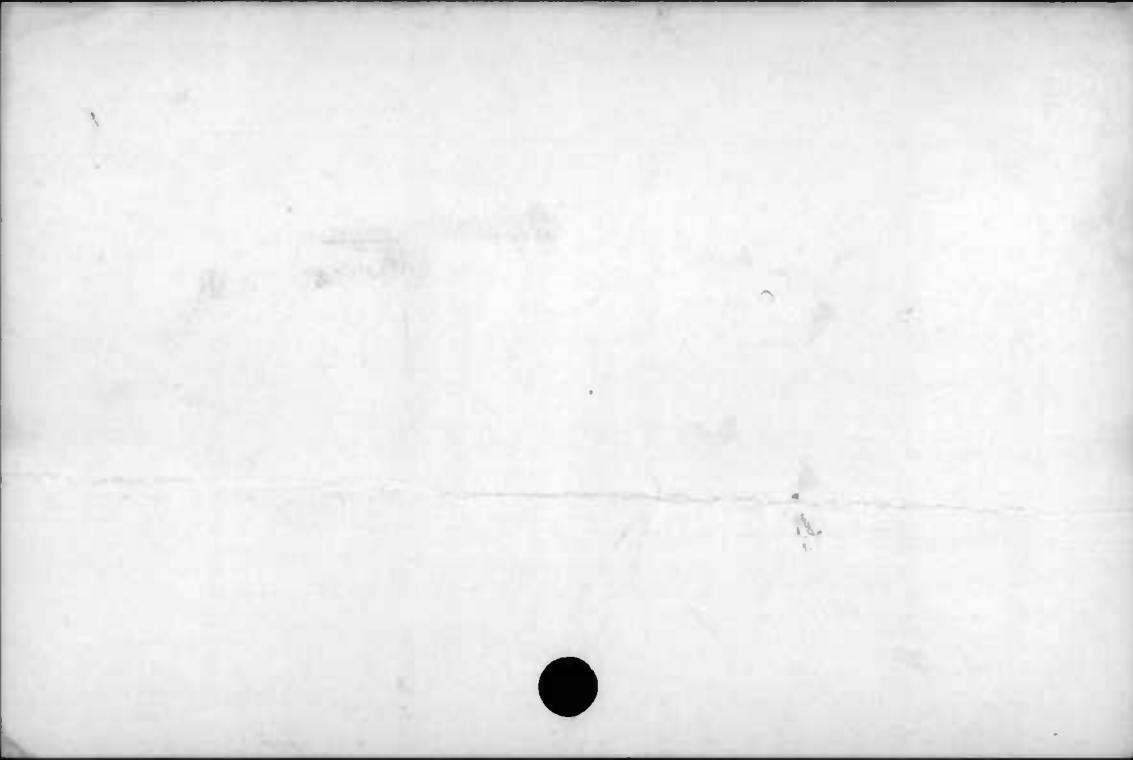
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Conowingo</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death <i>1908</i>		Month <i>10</i>	Day <i>10</i>	Age <i>19</i>	Years <i>11</i> Months <i>24</i> Days
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Conowingo</i>	
Occupation <i>1st work</i>		Where Residing if not at place of death <i>"</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Mrs. Fletcher</i>			
Father's Name <i>John Boyer</i>		Father's Birthplace <i>Conowingo</i>			
Mother's Maiden Name <i>Mary A. Berry</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Richard Berry</i>		How related to deceased <i>Niece</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>5 months</i>
Immediate <i>Heart Failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. M. Rogan</i>
	Address <i>Conowingo Md.</i>
Accident or Suicide?	



Name  
in  
FullCharlton Baker Gwinn  
Town Colera County Cecil Co

G. A. Bell

## CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death 1905

Month

Oct-

Day

8

Years

17

Age

Months

10

Days

29

Sex

Male

Color or  
Race

white

Birth-  
place

Baltimore

Occupation

Student

Where Residing if not  
at place of deathMarried, Single  
or Widowed

single

Name of Wife or  
HusbandFather's  
Name

Rev Wm R Gwinn

Father's  
Birthplace

Cecil Co

Mother's  
Maiden Name

Sarah McBay

Mother's  
Birthplace

Boston Mass

Name of person giving  
In formation

Mrs Sarah McBay Gwinn

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Chronic Purulent Pleurisy (Empyema)

How long

6 months

Immediate

Septicemia (Exhaustion)

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

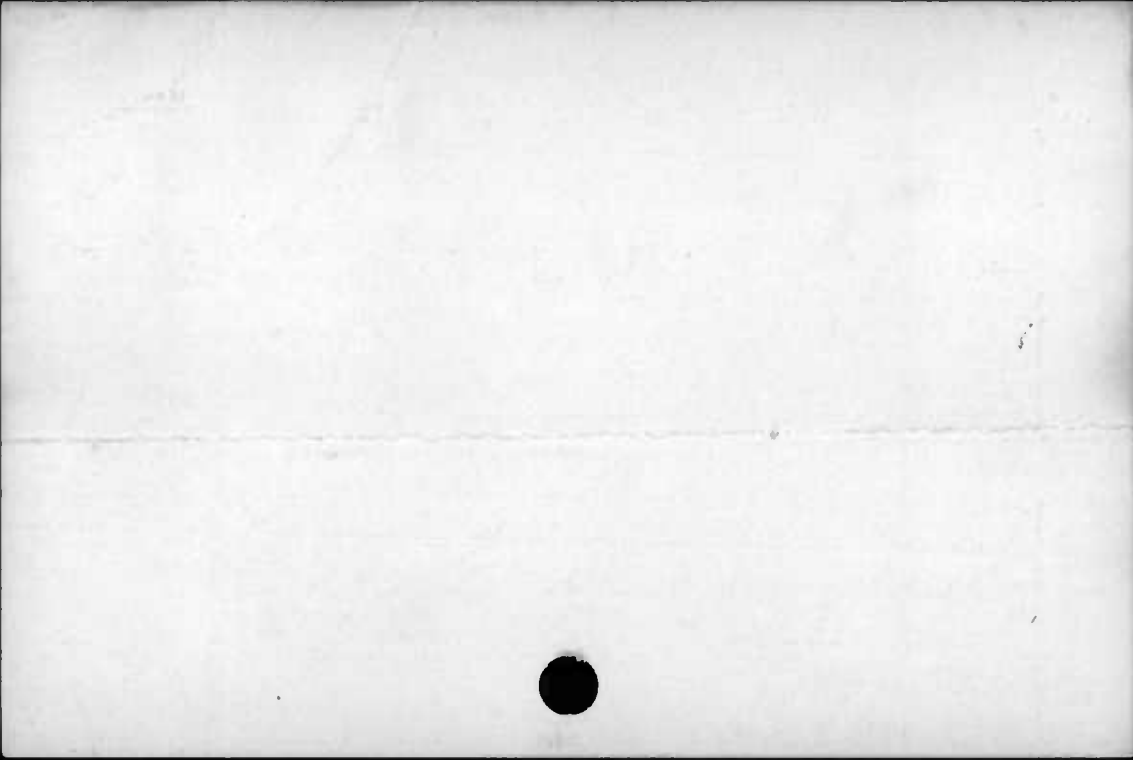
Ernest Rowland

Address

Liberty Inn  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Robert Alexander Harrigan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Near Pleasant Hill <sup>County</sup> Cecil

MARYLAND

Date of death 1905 <sup>Month</sup> 10 <sup>Day</sup> 7 Age <sup>Years</sup> 53 <sup>Months</sup> 1 <sup>Days</sup> 9

Sex Male Color or Race White Birthplace Fair Hill Md.

Occupation Farmer Where Residing if not at place of death Near Pleasant Hill

Married, Single or Widowed Married Name of Wife or Husband Ellen Harrigan

Father's Name Eli Harrigan Father's Birthplace

Mother's Maiden Name Elizabeth Alexander Mother's Birthplace

Name of person giving information Ellen Harrigan How related to deceased Wife

## CAUSES OF DEATH

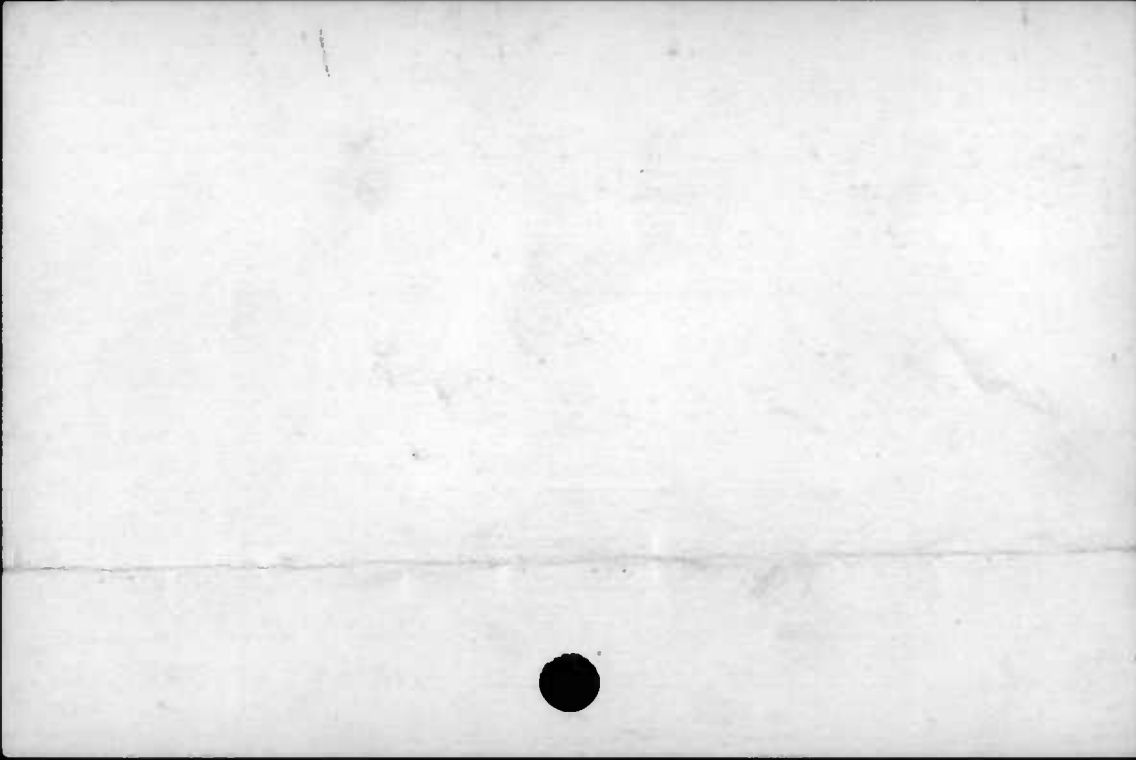
Primary Heart Disease &amp; Bright's Disease How long Six months

Immediate Heart Disease How long Six Months

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Dr. J. Mackey Address Leominster Pa.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

William Harris

## CERTIFICATE OF DEATH

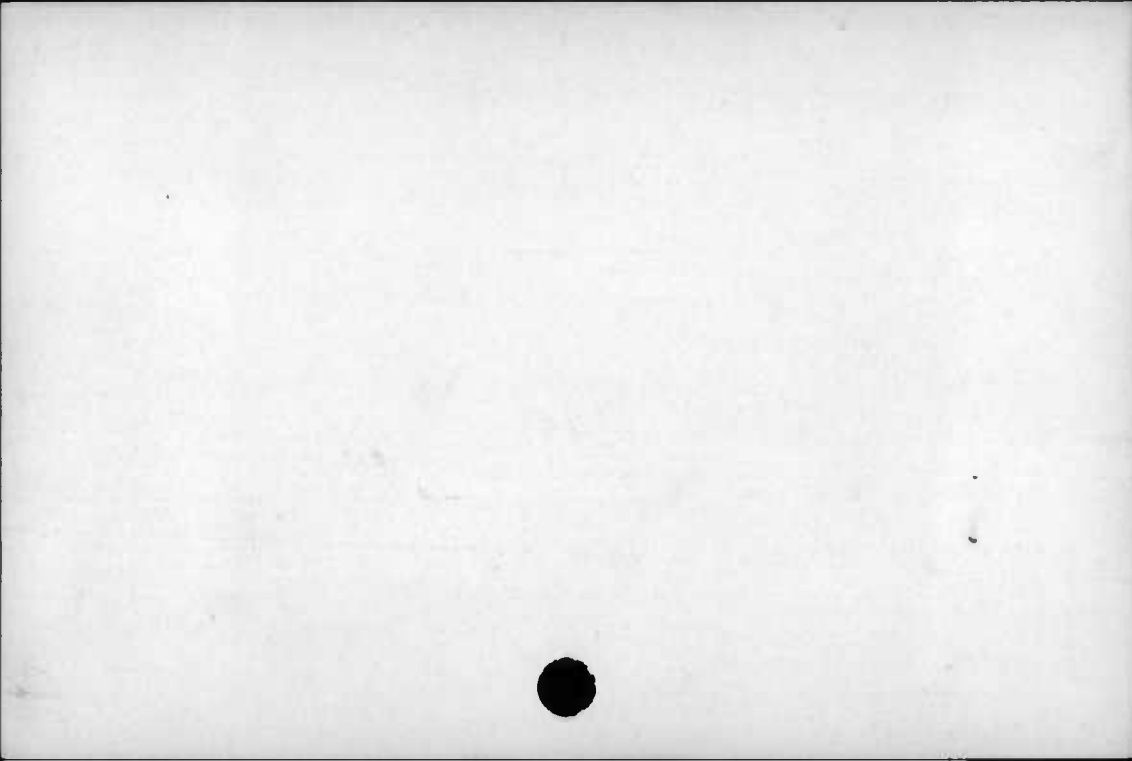
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Cecil</u> <sup>Town</sup>		<u>Cecil</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>		Month <u>10</u>	Day <u>21</u>	Years <u>74</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Va.</u>	
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Widower</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>—</u>				Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>Louisa Boyer</u>				Mother's Birthplace <u>—</u>	
Name of person giving information <u>Britton Harris</u>				How related to deceased <u>Son</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <u>Apoplexy</u>	How long <u>Five days</u>
Are the name, age, sex, color, date and place correctly given above? <u>ye</u>	Signature of Physician <u>R. M. Black</u>
	Address <u>Cecil Co. Md.</u>
Accident or Suicide? <u>—</u>	





Name  
in  
Full

William R. Holt-

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Leeds</i> <small>Town</small>		<i>Lees</i> <small>County</small>		MARYLAND	
Date of death <i>1905 Oct-</i> <small>Month</small>		<i>12</i> <small>Day</small>	<i>73</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>ind.</i>	
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name <i>Weston Holt-</i>			Father's Birthplace <i>ind.</i>		
Mother's Maiden Name <i>Elizabeth Gallagher</i>			Mother's Birthplace <i>ind.</i>		
Name of person giving Information <i>Emma Holt-</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Apoplexy</i> <i>6</i> <i>✓</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm J. Cawley</i>
		Address <i>Elect</i>
Accident or Suicide?		<i>ind.</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Perryville</i> Town		<i>Cecil</i> County	
Date of death <i>190</i>	Month <i>Oct</i>	Day <i>20</i>	Age <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Months <i>5</i>	Days
Birth-place <i>Washington DC</i>	Where Residing if not at place of death		
Occupation	Name of Wife or Husband		
Married, Single or Widowed	Father's Name <i>Geo Knight</i>		
Father's Birthplace	<i>Cecil Co</i>		
Mother's Maiden Name <i>Liedie Carter</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Liedie Knight</i>	How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Laryngitis</i>	How long <i>one day</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. Mc. String</i>
	Address <i>Perryville</i>
Accident or Suicide?	<i>MS</i>



Name

in  
Full

Willie Joseph Alexander Lockard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Blythes Dale* <sup>Town</sup> *Cecil* <sup>County</sup>

Date of death *1905* <sup>Month</sup> *October* <sup>Day</sup> *17* <sup>Years</sup> *Monday* Age *H. months* <sup>Months</sup> *H. months* <sup>Days</sup>

Sex *male* Color or Race *White* Birth-place *Blythes Dale*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Robert B Lockard*Father's Birthplace *Elk River*Mother's Maiden Name *Clara M. Jordan*Mother's Birthplace *Rock Springs*Name of person giving information *Robert B Lockard*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Blood Poison*How long *sick six weeks*  
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

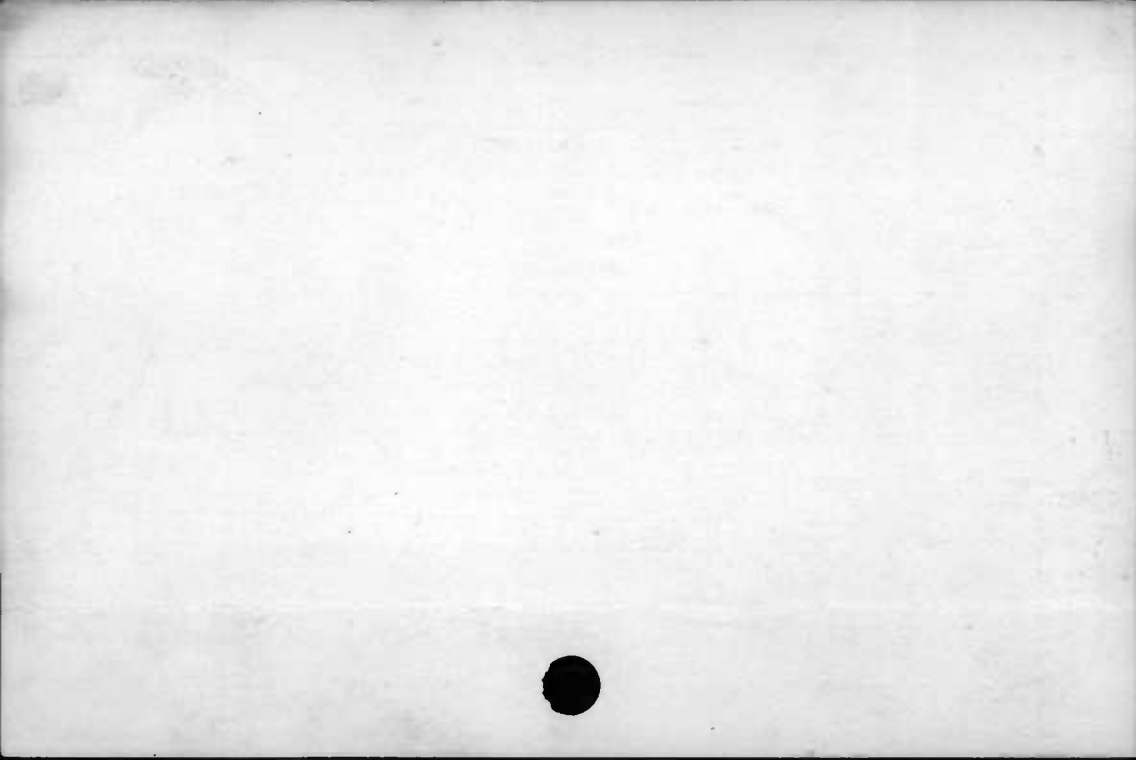
Signature of Physician

Address

*W. B. Jordan M.D.**Liberty Grove**Cecil Co Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs. Addie P. Miller

6722

## CERTIFICATE OF DEATH

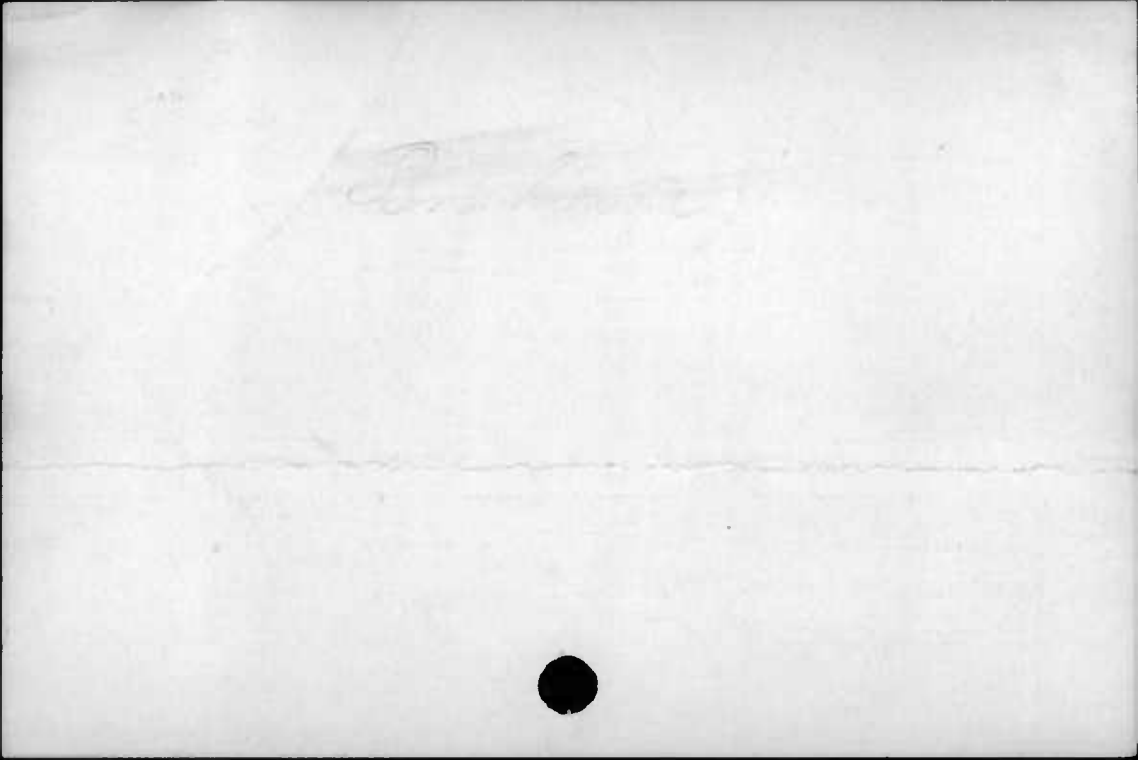
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Liberty Grove</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Year</small>	<i>Oct</i> <small>Month</small>	<i>17</i> <small>Day</small>	<i>57</i> <small>Years</small>	<i>4</i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Perrymanville</i>
Occupation	<i>Housewife</i>		Where Residing If not at place of death <i>Liberty Grove Md</i>		
Married, Single or Widowed	<i>married</i>		Name of Husband <i>Mr. John Miller</i>		
Father's Name	<i>John B Strickland</i>			Father's Birthplace	<i>Balls. Md</i>
Mother's Maiden Name	<i>Lydia Ann Hutton</i>			Mother's Birthplace	<i>Columbia Pa</i>
Name of person giving information	<i>Mrs. R. J Rowland</i>			How related to deceased	<i>Sister</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Bright disease</i>	How long	<i>3 mo</i>
Immediate	<i>Uremic Coma (Exhaustion)</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ernest Rowland</i>	
<i>Yes</i>		Address <i>Liberty Grove Md</i>	
Accident or Suicide? <input checked="" type="checkbox"/>			





Name in Full		Agnes To Hull -				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Rising Sun.</u>		County <u>Cecil</u>		MARYLAND		
	Date of death	1905	Month	Oct	Day	9	Age
	Sex <u>Female</u>		Color or Race <u>White</u>		Years	34	Months
	Occupation <u>wife -</u>		Where Residing if not at place of death <u>Rising Sun Md.</u>		Birth-place <u>Oxford Pa</u>		
	Married, <del>Single</del> or Widowed		Name of Wife or Husband <u>Jacob Hull.</u>				
	Father's Name <u>Charles Fuf.</u>		Father's Birthplace <u>Same Co Pa</u>				
	Mother's Maiden Name <u>Margaret A. Burger</u>		Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Jacob Hull -</u>		How related to deceased <u>husband</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Typhoid Fever &amp; Comp.</u>		How long				
	Immediate <u>Exhaustion</u>		How long				
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. B. Dhein</u>		Address <u>Rising Sun Cecil Co. Md.</u>		
	Accident or Suicide?						

D-70-11-26

Name  
in  
Full

Lola L. Park

## CERTIFICATE OF DEATH

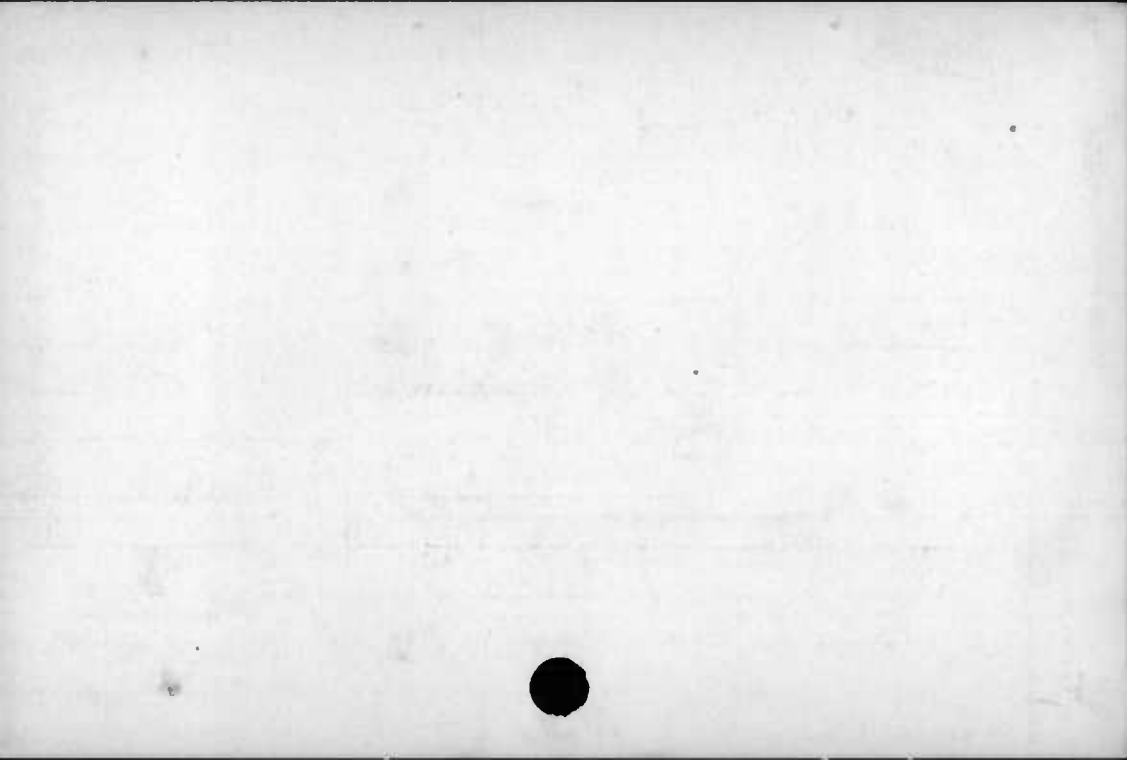
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Cecilton</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>10</i>	Day	<i>10</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Age	<i>—</i>
Occupation <i>—</i>		Birth-place		Months	<i>2</i>
				Days	<i>—</i>
Where Residing if not at place of death		<i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William G. Park</i>		Father's Birthplace <i>Penn-</i>			
Mother's Maiden Name <i>Mary E. Blackway</i>		Mother's Birthplace <i>Cecil Co. Md</i>			
Name of person giving information <i>Wm G. Park</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>105</i>	How long	<i>—</i>
Immediate <i>Cholera Infantum</i>		How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. M. Black</i>		
	Address <i>Cecilton</i>		
Accident or Suicide? <i>—</i>			



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at

Yesby

Town

Porter (Mort)

County

cecil

Date

of death 1905

Month

10

Day

20

Years

Age

Months

Days

3

Sex

Female

Color or  
Race

colored

Birth-  
place

Yesby

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

James Porter

Father's  
Birthplace

Virginia

Mother's  
Maiden Name

Lula Mcraden

Mother's  
Birthplace

North East

Name of person giving  
In formation

James Porter

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Premature Child

How long

Immediate

How long

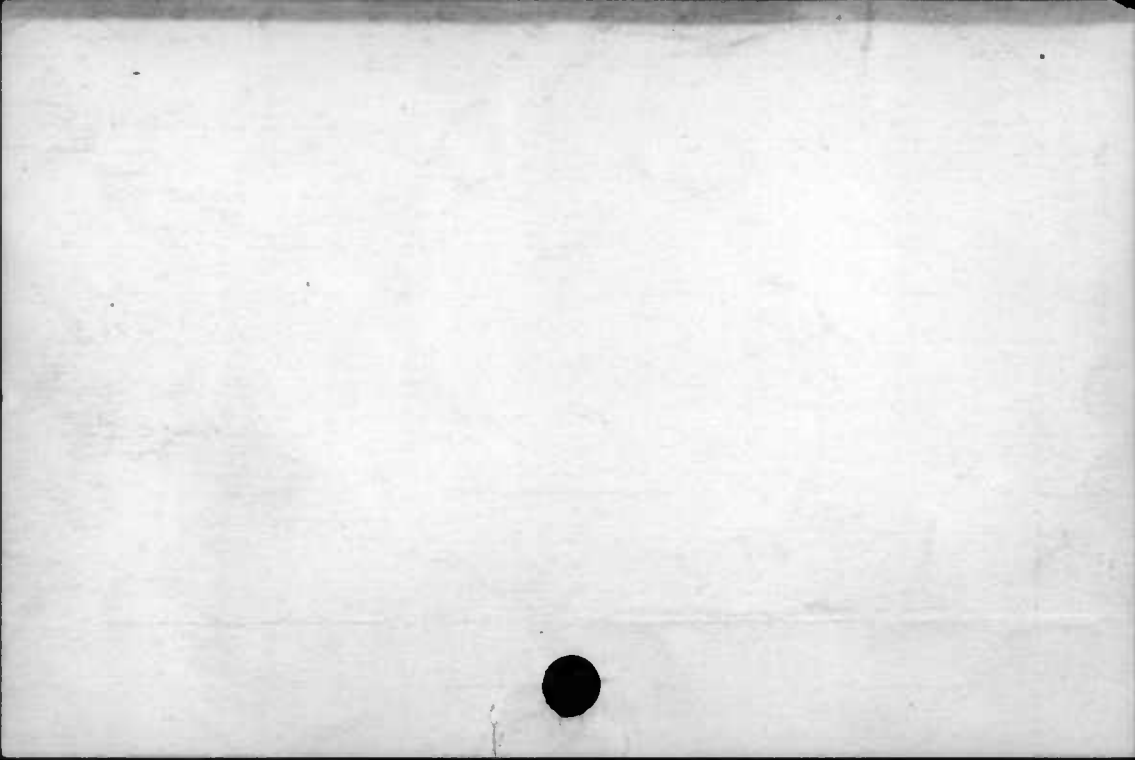
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Chas. F. Miller

Address

North East Ind

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

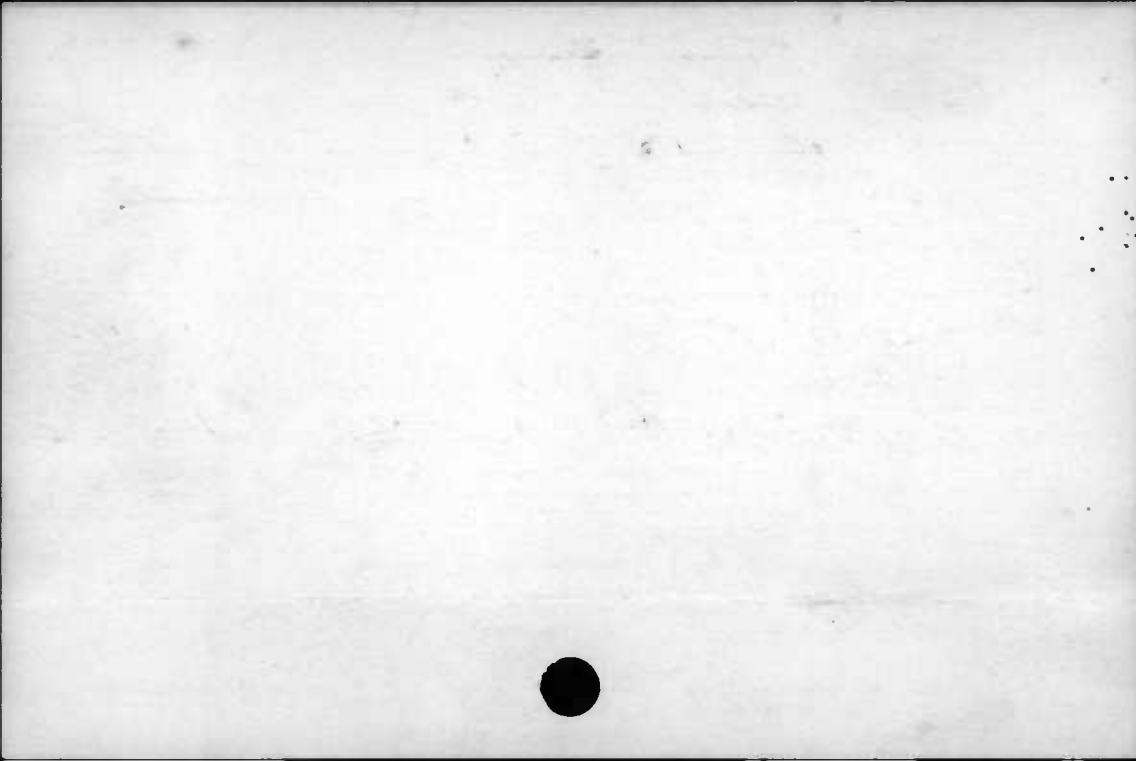
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lesley</i> Town		<i>Porter</i> County		MARYLAND			
Date of death	<i>1905</i>	Month <i>10</i>	Day <i>14</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Lesley</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>James Porter</i>			Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Lula McFadden</i>			Mother's Birthplace <i>North East</i>				
Name of person giving information <i>James Porter</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still Born</i>	How long <i>8.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. F. Miller</i>
	Address <i>North East</i>
	<i>Md.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Annie M. Price</i>		Town <i>Near Earleville</i>		County <i>Cecil</i>		State <i>MARYLAND</i>	
Died at <i>Near Earleville</i>		Date of death <i>1905</i>		Month <i>10</i>		Day <i>23</i>	
Age <i>39</i>		Years <i>39</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Ind.</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Hamilton F. Price</i>					
Father's Name <i>James Spear</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Sarah A. Osmond</i>		Mother's Birthplace <i>Penn.</i>					
Name of person giving information <i>Hamilton F. Price</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Phthisis Pulmonalis</i>		How long <i>Eight months</i>	
Immediate <i>Tuberculosis of Bones and Joints</i>		How long <i>Three weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. W. Crawford</i>	
		Address <i>Cecilton Ind.</i>	
Accident or Suicide?			



Name  
in  
Full

*Thos. Ramsey.*

*800000*


## CERTIFICATE OF DEATH

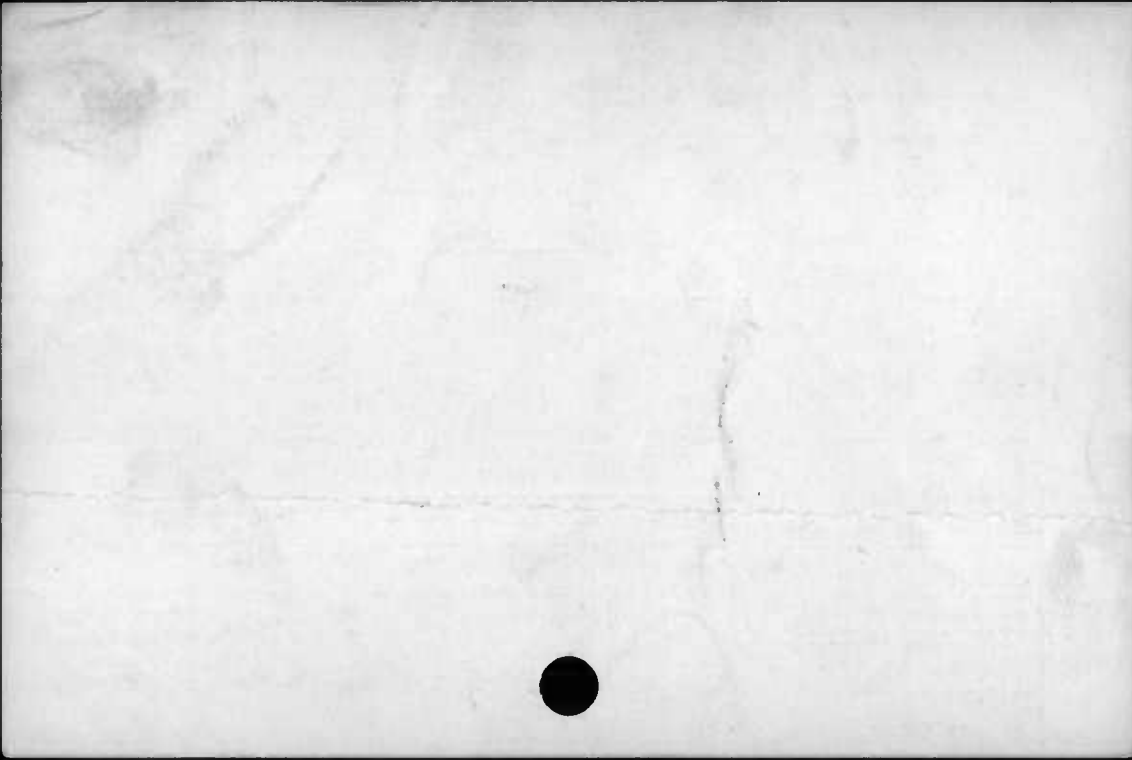
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rowlandville</i>		County <i>Cecil</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>24</i>	Age <i>70</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Harford Co.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Elizabeth Harris</i>				
Father's Name <i>Robert Ramsey.</i>	Father's Birthplace <i>Harford.</i>				
Mother's Maiden Name <i>Maria</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Richard Brown.</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>4 months</i>
Immediate <i>Paralysis</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	How long <i>short.</i>
Accident or Suicide? 	Signature of Physician <i>J. M. Rogan M.D.</i> Address <i>Conowingo Md.</i>



Name  
in  
Full

Moses Rayan.

## CERTIFICATE OF DEATH

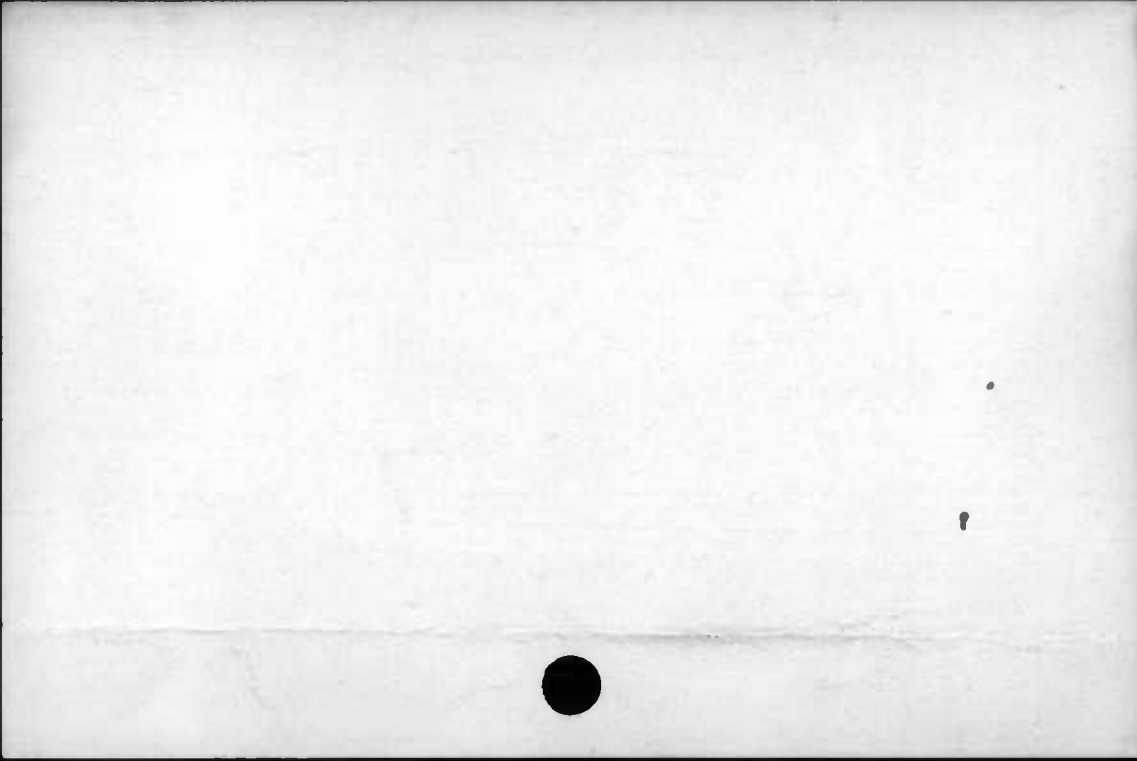
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cherry Hill Asylum</i>		Town <i>Secile</i>		County		MARYLAND	
Date of death <i>1905 Oct.</i>		Month <i>30</i>		Day <i>4-9</i>		Years	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Secilton, Ind.</i>		Months	
Occupation <i>none</i>		Where Residing if not at place of death <i>Asylum</i>				Days	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Do not know</i>		Father's Birthplace					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace					
Name of person giving information <i>George M. M. M.</i>		How related to deceased <i>Not related</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Peritonitis</i>	How long <i>3 days.</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Chas. F. Miller</i>
	Address <i>North East, Ind.</i>
Accident or Suicide?	



Name  
in  
Full

William Richards

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Octoraro* <sup>Town</sup> *Cecil* <sup>County</sup> **MARYLAND**

Date of death *1905* <sup>Month</sup> *Oct* <sup>Day</sup> *11* <sup>Age</sup> *79* <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Cecil Co.*

Occupation *Farmer* Where Residing if not at place of death *Octoraro*

Married, Single ☒ *Widowed* Name of ~~Widow~~ *Blackburn*

Father's Name *Jacob Richards* Father's Birthplace *Chesapeake Bay*

Mother's Maiden Name *Sarah Taggart* Mother's Birthplace *" "*

Name of person giving information *Son Richards* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Gonorrhea chronic* How long *4 years*

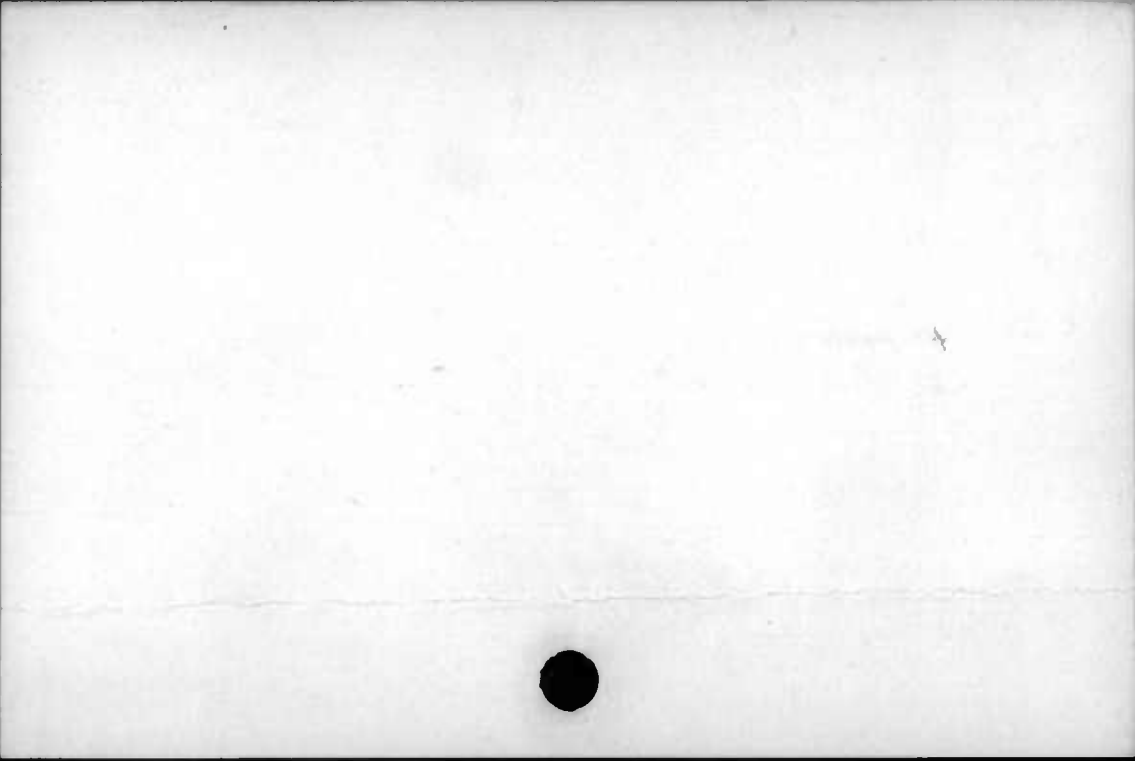
Immediate *Gonorrhea acute, with Abscess* How long *2 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. A. Peoples, M.D.*

Address *Kirk's Mills*

*Lan. Co. Pa.*

Accident or Suicide? ☐





Name  
in  
Full

William Rutter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Chesapeake City		County Anne		MARYLAND	
Date of death 190		5	Month 20	Day 10	Age 65	Years 8	Months Days x
Sex Male		Color or Race Colored		Birth- place don't know			
Married, Single or Widowed		Married		Occupation Laborer			
Name of Wife or Husband Mary Rutter							
Father's Name		William Rutter				Father's Birthplace don't know	
Mother's Maiden Name		don't know				Mother's Birthplace don't know	
Name of person giving in formation		Mary Rutter				How related to deceased Wife	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Acute Pulmonary Tuberculosis about one year		How long	
Immediate Pulmonary Abscess		How long about 4 weeks	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician W. C. Karsner	
		Address Chesapeake City MD	
Accident or Suicide? X			



Name  
in  
Full

## CERTIFICATE OF DEATH

Anna M. Sartis

Town

County

MARYLAND

Died at FredricktownCecilDate of death 1905 Oct. 2Age -

Months

Days

426Sex FemaleColor or  
RacewhiteBirth-  
placeFredricktown

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameBenjamin P. SartisFather's  
BirthplaceMDMother's  
Maiden NameEtta BouldeauMother's  
Birthplace"Name of person giving  
In formation""How related  
to deceasedMother

## CAUSES OF DEATH

Primary

Enteric - Colitis

How long

105

Immediate

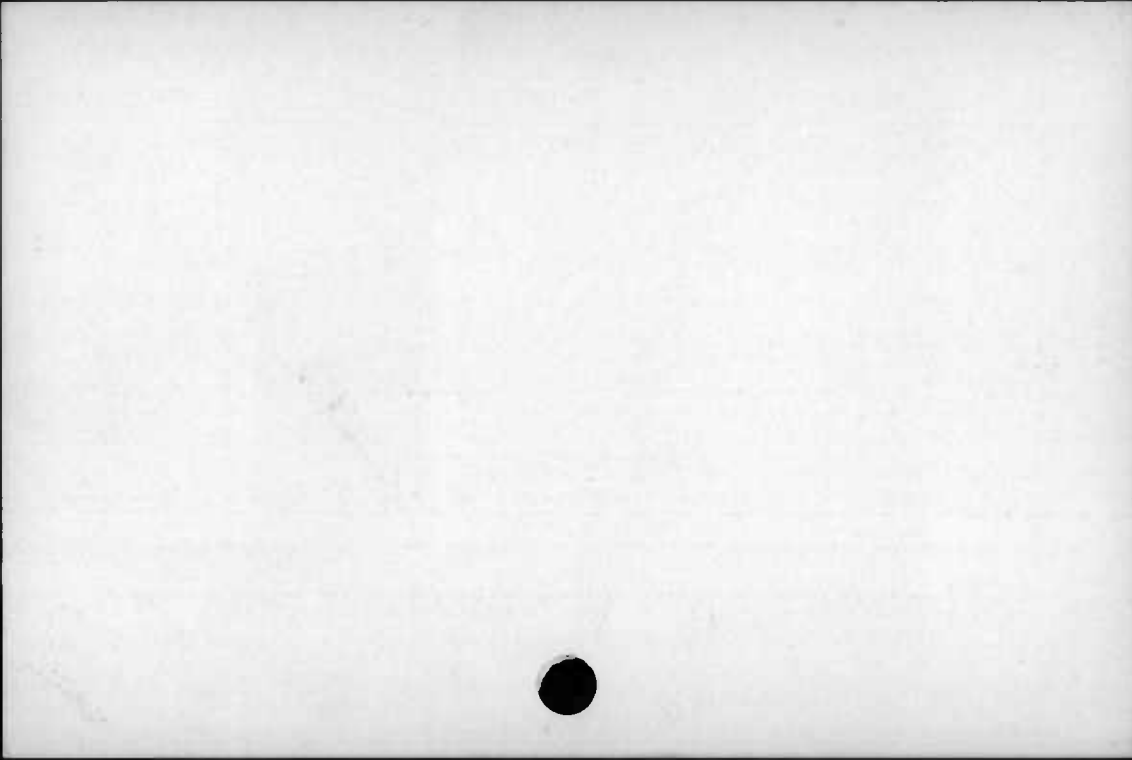
Convulsions

How long

Are the name, age, sex, color, date  
and place correctly given above?yesSig  
PhE. F. Scott, M.D.  
Salina,  
Ind.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

*Joseph Schaefer*  
Died at *Chesapeake City* Town *Carroll* County

Date of death 190 *5* Month *Oct* Day *12<sup>th</sup>* Thursday Age *81* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Germany*

Married, Single or Widowed *Married* Occupation *—*

Name of Wife or Husband *Catharine Schaefer*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Charles Schaefer* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Arterio Sclerosis* (81) How long *18 months*

Immediate *Cardiac Paralysis* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. J. Conroy MD* Address *Chesapeake City Md*

Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Post-Deposit</i> Town		County <i>Cecil</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>12</i>	Age <i>23</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cecil Co</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Henry Smith</i>				
Father's Name <i>John McMullin</i>	Father's Birthplace <i>Cecil Co</i>		Mother's Birthplace <i>" "</i>		
Mother's Maiden Name <i>Elizabeth Thomas</i>	Name of person giving information <i>Henry Smith</i>		How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

Primary Cause *Septic Disease* (126) How long *6 weeks*

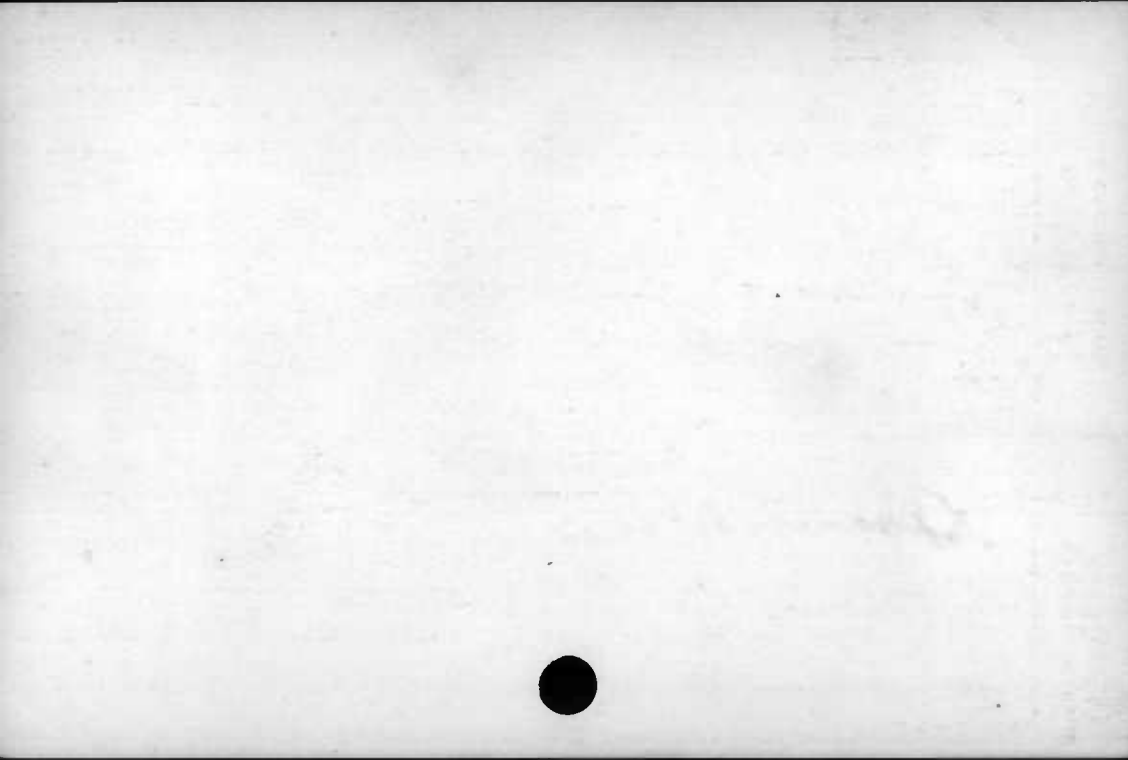
Immediate Cause *Septic Disease* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide? *No*





Name  
in  
Full

Wm. W. Sprath

3 Dick

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Andora</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>Oct</i> <small>Month</small>	<i>4</i> <small>Day</small>	Age <i>82</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Millwright</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Sprath</i>				
Father's Name <i>Samuel Sprath</i>	Father's Birthplace <i>Ireland</i>		Mother's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Jane Moorhead</i>	Name of person giving information <i>Mary C. Arbuckle</i>		How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	<i>66</i>	How long <i>2 days</i>
Immediate <i>Coma</i>		How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>O. S. Carries MD</i>
		Address <i>Cherry Hill, Md</i>
Accident or Suicide? <i>—</i>		

4E1

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		10	22	69		4	
Sex		Color or Race		Birth-place			
male		White		Malhara Valley			
Occupation				Where Residing if not at place of death			
Carpet-weaver							
Married, Single or Widowed		Name of Wife or Husband					
widower							
Father's Name				Father's Birthplace			
John Weaver				not known			
Mother's Maiden Name				Mother's Birthplace			
Simpson				not known			
Name of person giving information				How related to deceased			
Emma L Weaver				Daughter			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Lazexia	1 year
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	B. H. Hume
	Address
	N. E. H.
Accident or Suicide?	



Name  
in  
Full

Eleanor J. White

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Oakwood</u> <sup>Town</sup>		<u>Cecil</u> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	October	Day	14
		Age	56	Years	
		Months	11	Days	27
Sex	Female	Color or Race	White	Birth-place	Lancaster Co. Pa.
Occupation	House Wife	Where Residing if not at place of death <u>Oakwood</u>			
Married, Single or Widowed	Married	Name of Wife or Husband	John R. White		
Father's Name	William Peeples			Father's Birthplace	Ireland
Mother's Maiden Name	Maria Reynolds			Mother's Birthplace	Lancaster Co. Pa.
Name of person giving information	J. A. Peeples			How related to deceased	Brother

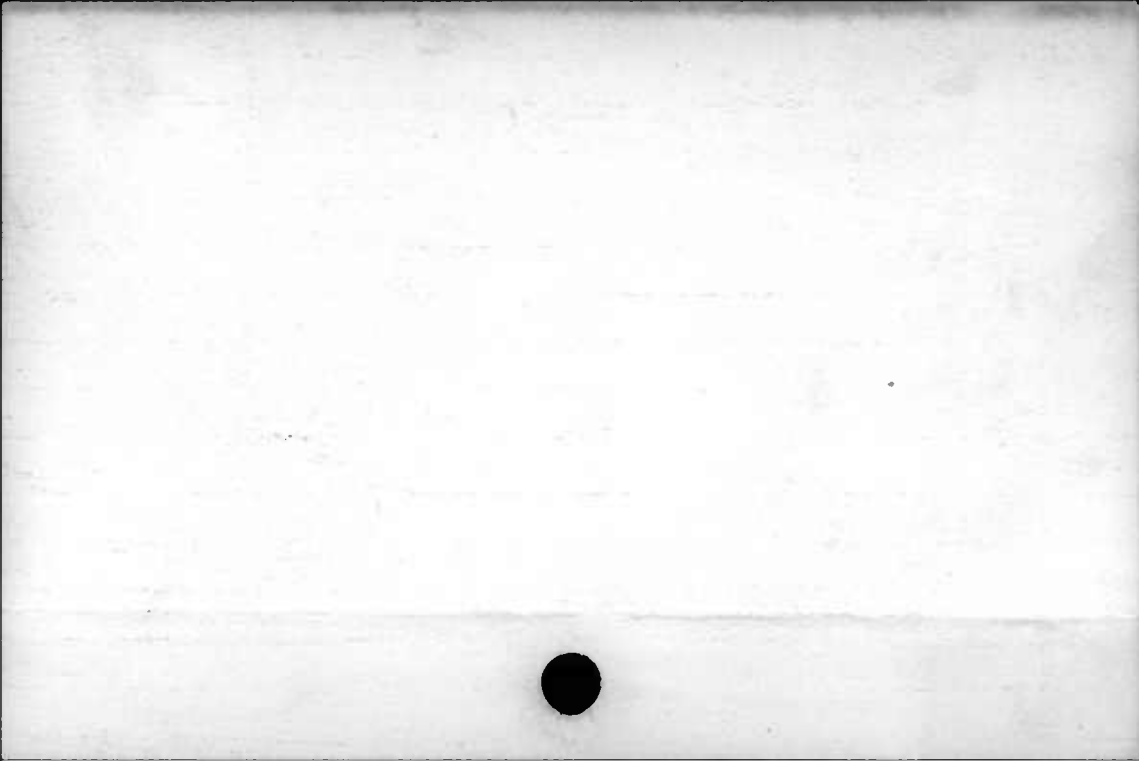
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Nervous Prostration</u>	How long	<u>several years</u>
Immediate	<u>Gastritis</u>	How long	<u>two weeks</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>J. A. Peeples M.D.</u>
Yes.		Address	<u>Kirk's Mills Pa.</u>
Accident or Suicide?			

Interment Oct. 6<sup>th</sup>/1905-  
at Little Britain Lan. Co. Pa.

Name in Full <b>Robert Whitehead</b>		Town <b>Leslie</b>		County <b>Leslie</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Leslie</b>		Date of death <b>1905</b>		Month <b>Oct</b>		Day <b>6</b>
	Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Leslie</b>		Age <b>13</b>
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <b>John Whitehead</b>		Father's Birthplace <b>Alabama</b>				
	Mother's Maiden Name <b>William A Benjamin</b>		Mother's Birthplace <b>Leslie</b>				
Name of person giving information <b>John Whitehead</b>		How related to deceased <b>Father</b>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		How long		How long		
	Immediate <b>Suppuration</b>		How long		How long		
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Theodore Worrall</b>				
	Address <b>North East</b>		Address <b>Al</b>				
	Accident or Suicide? <b>Accident</b>						





Name  
in  
Full

Andrew J Whitelock

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Wordlawn		Cecil County		MARYLAND	
Date of death		1905	Month October	Day 11	Age 71	Years 4	Months 7
Sex		Male		Color or Race White		Birth-place Harford County	
Occupation		Farmer		Where Residing if not at place of death		Cecil County	
Married, Single or Widowed		married		Name of Wife or Husband		Sarah	
Father's Name		John Whitelock				Father's Birthplace Harford County	
Mother's Maiden Name		Nancy Gorrel				Mother's Birthplace	
Name of person giving information		Sarah Whitelock				How related to deceased Wife	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	How long	10 days
Immediate	Suffocation	How long	
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		J. F. Brown M.D.	
Address		Pont Deposit, Md.	
Accident or Suicide?			

Entertainment at West Nottingham  
Leaving Saturday Oct 14/1905

West Nottingham Dispensary 1/2

JY Burking



Name  
in  
Full

Margaret - a Williams  
Town *Elkton* County *Cecil*

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

1905 Oct

Month

Day

13

Age

Years

68

Months

Days

Sex

Female

Color or  
Race

Col.

Birth-  
place

— a T. E.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Father's  
Name

Charles Brindley

Father's  
Birthplace

T. E.

Mother's  
Maiden Name

Olivia Field

Mother's  
Birthplace

T. E.

Name of person giving  
In formation

Ophelia Lawrence

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Uremia

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

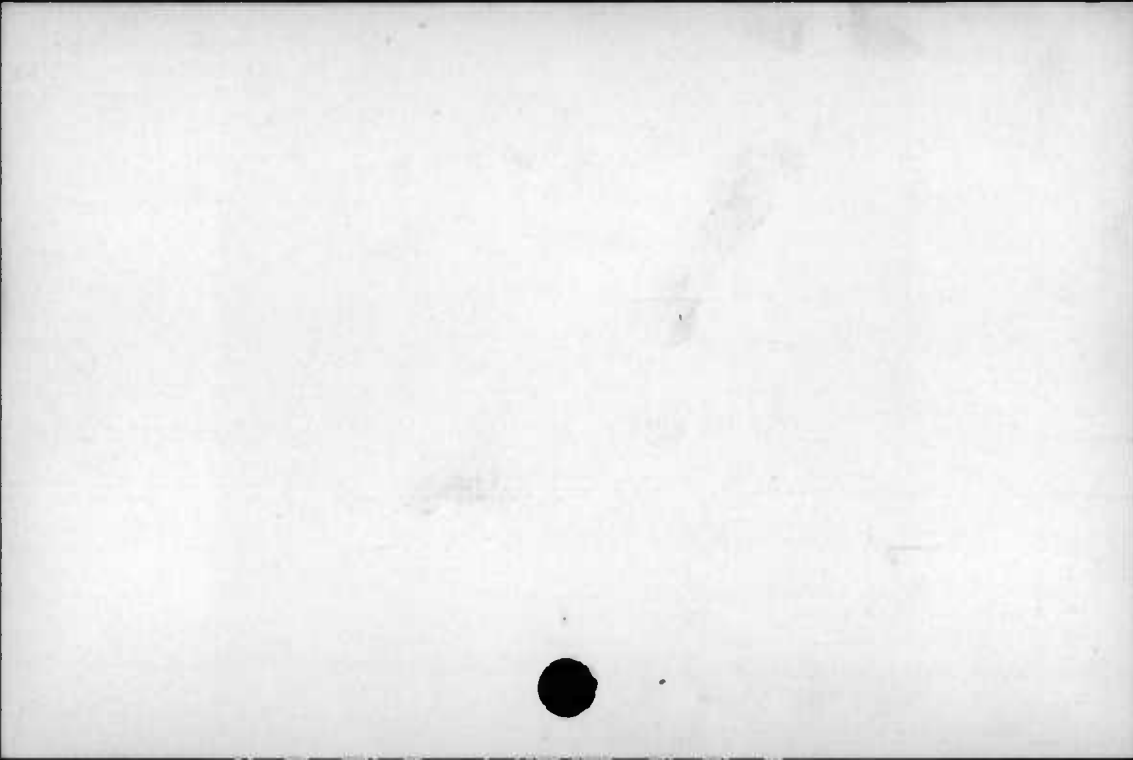
Address

Wm. Hawley  
Elkton  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elizabeth B Woodrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Liberty Grove</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND	
Date of death	1905	Month	Oct	Day	7
Age		67		Years	
Sex	female	Color or Race	white	Birth-place	Maryland
Occupation	Housekeeper		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Stephen J Woodrow		
Father's Name	Gideon K Bancroft			Father's Birthplace	New Jersey
Mother's Maiden Name	Judith B Truemp			Mother's Birthplace	Cecil Co Md
Name of person giving information	Stephen J Woodrow			How related to deceased	Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Consumption	How long	about 20 years
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Slater B Jark funeral Director Cecil Md	
Accident or Suicide?		over	

Christian Science  
had no Physician  
in attendance

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Died at <i>Singrey</i>		Town <i>Cecil</i>		County	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>18</i>	Age <i>74</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Md.</i>			
Occupation <i>Stone Mason</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or <del>Husband</del>				
Father's Name <i>Josiah Woodrow</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Kate Helton</i>	Mother's Birthplace <i>Pa.</i>				
Name of person giving information <i>Thos Woodrow</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

Primary <i>Acute Gastritis</i>	How long <i>24 hrs.</i>
Immediate <i>Cardiac Distention</i>	How long <i>—</i>

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

*P. J. O'Connor M.D.*

Address

*Cherry Hill, Md.*

Accident or Suicide?

135-





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Mary E. Woollyhaw*  
*Near Earleville* <sup>Town</sup> *Cecil* <sup>County</sup>Date of death *1905* <sup>Month</sup> *10* <sup>Day</sup> *19* <sup>Years</sup> *81* <sup>Months</sup> *—* <sup>Days</sup> *—*Sex *Female* Color or Race *White* Birth-place *Delaware*Occupation *none* Where Residing if not at place of death~~Married~~, Single or Widowed Name of Wife or Husband *Hynson B. Woollyhaw*Father's Name *Samuel R. Griffin* Father's Birthplace *Del*Mother's Maiden Name *Miss Reese* Mother's Birthplace *Tow*Name of person giving information *William Woollyhaw* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Old age - Simply* How longImmediate *worn out - no organic disease* How long

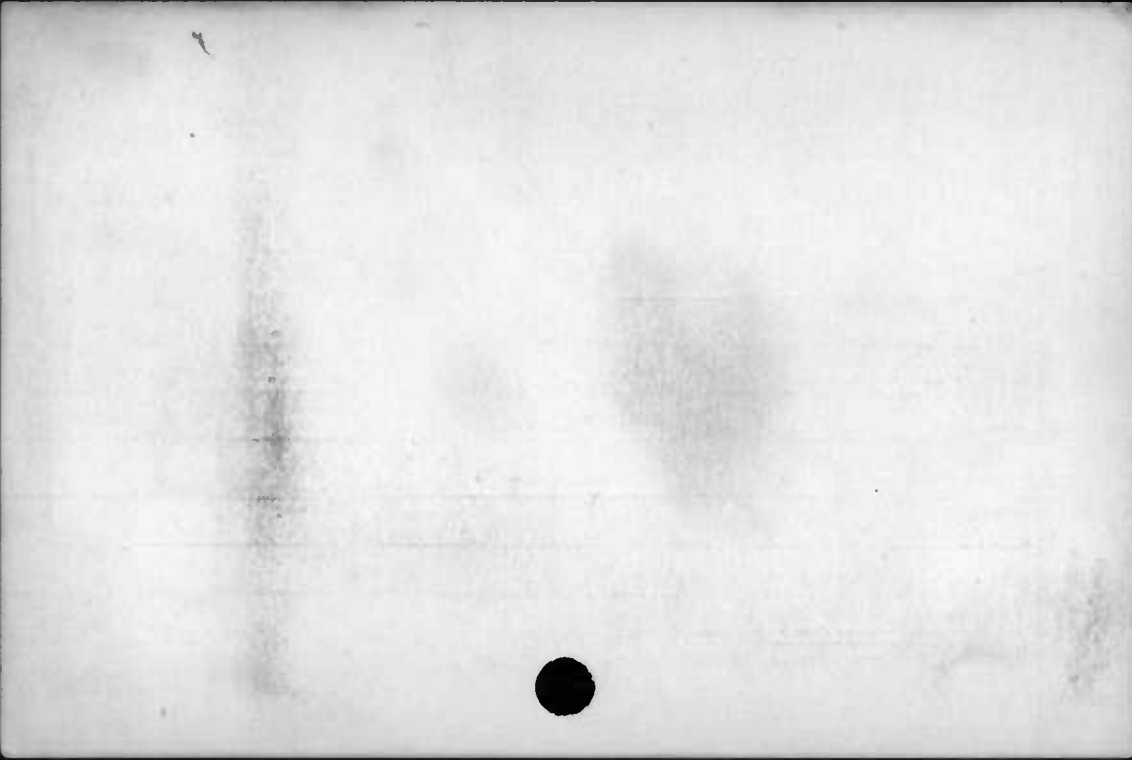
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*E. W. Crawford*  
*Locuston Md*

Accident or Suicide?



Name  
In  
Full

Unknown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *near Humestown (Brysville) Cecil*

County

MARYLAND

Date

of death 1905

Month

Oct

Day

14

Years

Age

✓

Months

Days

Sex

male

Color or  
Race

white

Birth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

Body found by Samuel Clark

How long

Immediate

Drowning

How long

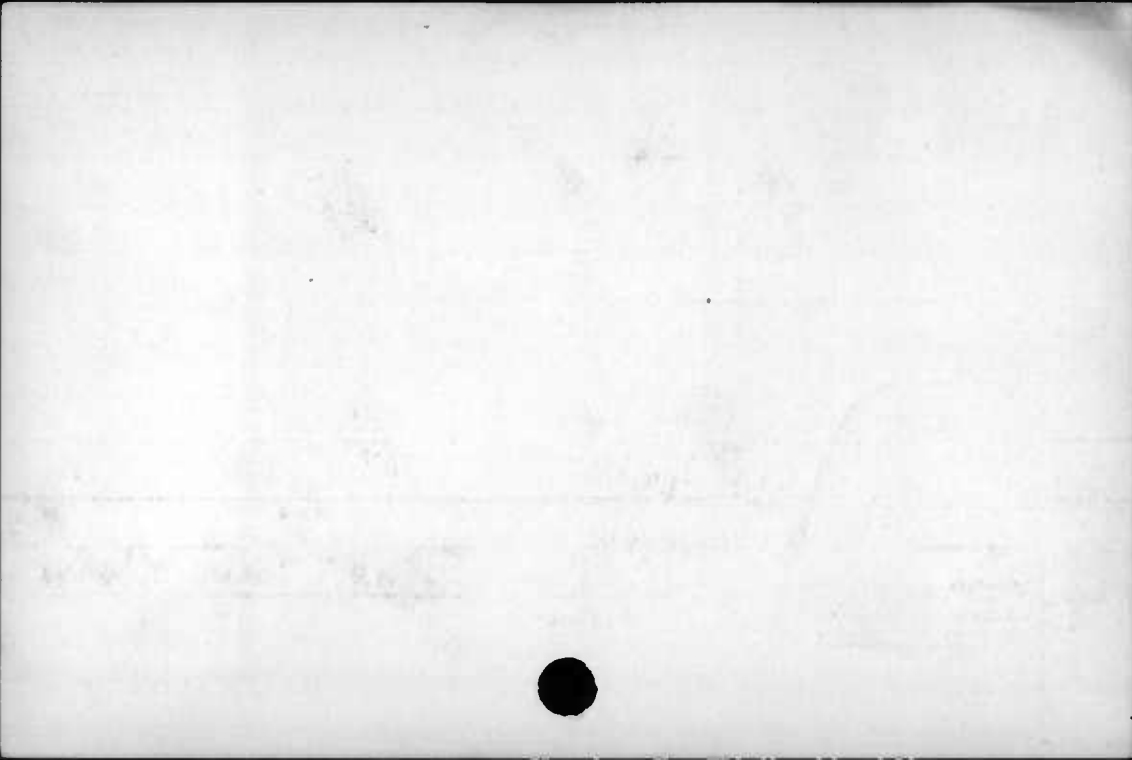
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Ricketta Nelson

Address

Corona Cecil Co, Md  
Elkton, Md

Accident or Suicide?



Name  
in  
Full

Unknown man

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Perryville</i> <sup>Town</sup>		<i>Cecil</i> <sup>County</sup>		MARYLAND		
Date of death <i>1905</i>	Month <i>Oct.</i>	Day <i>3</i>	Age <i>?</i>	Years	Months	Days
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>?</i>		
Occupation <input checked="" type="checkbox"/>		Where Residing if not at place of death				
Married, Single or Widowed <input checked="" type="checkbox"/>		Name of Wife or Husband <input checked="" type="checkbox"/>				
Father's Name <input checked="" type="checkbox"/>		Father's Birthplace				
Mother's Maiden Name <input checked="" type="checkbox"/>		Mother's Birthplace				
Name of person giving information <input checked="" type="checkbox"/>		How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Ricketts Nelson</i>
	Address <i>Coroner of Cecil County, Eleton, Md.</i>
Accident or Suicide?	

